1				STAT	E OF MARYLAND					
ı	1	FOR	DEPA	RTMENT OF H	EALTH AND MENTAL HY	GIENE				
		STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 FEG NO.	5	5	8	9
i	1 DEC	EASED NAME FIRST	MIDDLE		LAST	I 20 DATE OF DEATH MONT	H OAY	YEAR	26 HOUR	_
١		OR PRINT)	Mary Company of the C		. 1. 1	DOMESTIC COLUMN		07	111111111111111111111111111111111111111	D
1		Helen	М.		tkinson	5	4	87	10:45	- 14/
	3 SEX	(4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	WON1H	DER I YEAR	HOURS A	MRS
		Female	White	3	25 08		YRS			
01		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNIY OF D	EATH		
1	1	MD	USA	WIDOWE	DIVORCED [Worcester			54.0	MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		NIND O DUSTRY	F BUSINESS	OR
		Berlin	Berlin Nursing		Berlin, MD	Housewife				
	13a S	MD -Pr-	ROTHER INSTITUTION GIVE RESIDENCE BI CEORGES Adel	Roke	13d. INSIDE CITY LIMITS?	13: 5]RET (09RSS-128 10922-11easar	conver	iue es-Di	218	351
ij	14 FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	AME		LAS		
1	100	Walfie Jan	mes Mart:	in	Lydia	Ellen		McG	ee	
	(1	NO 18 CAUSE OF DEATH IEnter of PART 1. DEATH WAS CAUST IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	nly one cause per line for a b	DENCE OF	Inc P, 0, -01Ab-	ite -	Spři	APPROXI BETWEEN	MA.	
7	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH			N WAS PERFORMED		IF YES, WEI		GS USED OF DEATH?	,
	MEDICAL CERT	710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		19	211 LOCATION STREET	RRED (ENTER NATURE OF INJURY IN IT		OUNTY	STATI	TE.
<i>T</i>		220 certify that (I) (this hosp	ortal) openied the disceased from	9.00	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN TRE ADDRESS	death occurred on the date or	1			
		Federico Arth			A	et, Berlin, MD	2181	1		
1	23a B	URIAL CREMATION, REMOVAL	23b. DATE	30 NAME OF C	EMETERY OR CREMATORY	23d LOCATION				

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept, at Health and Mental Hygiene priar to burial, cremation,

ATTENDING PHYSICIAN The low

njury, or other troumste

Salem Meth. Cem. Pocomoke Worcester Md.

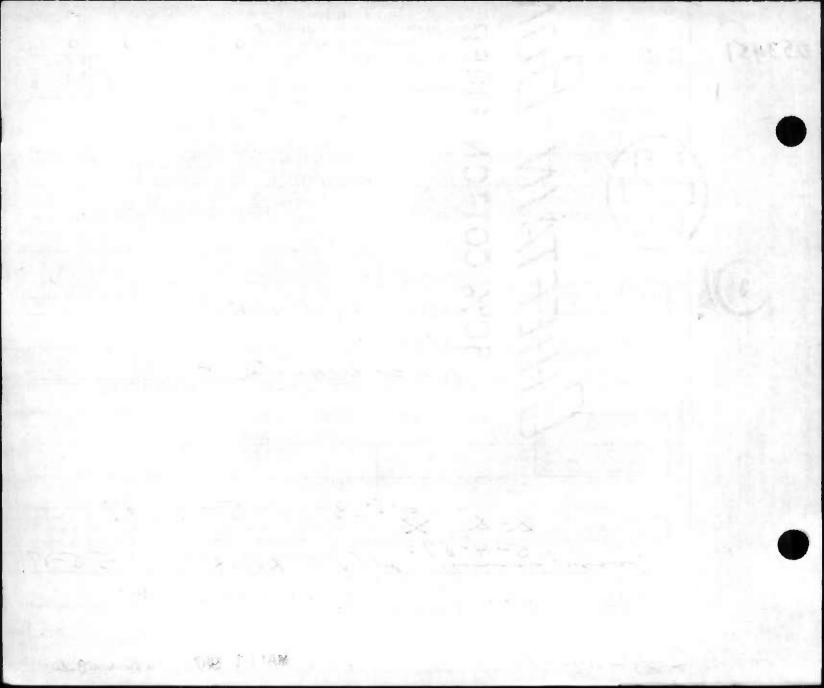
Burial 24 FUNERAL DIRECTOR Milson

Pocomoke City, Md.

5/7/87

MAY 11

Julia Troider Pandres

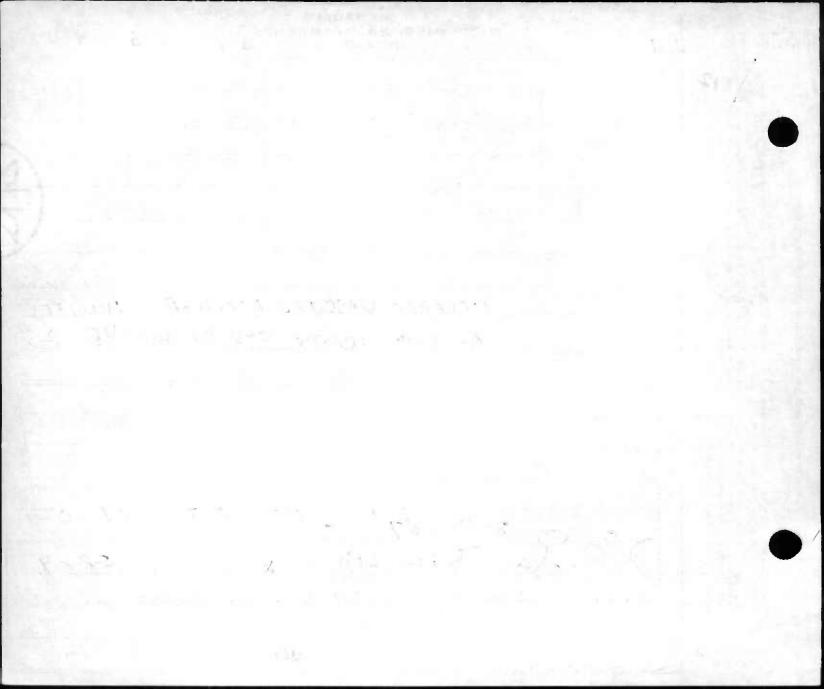


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

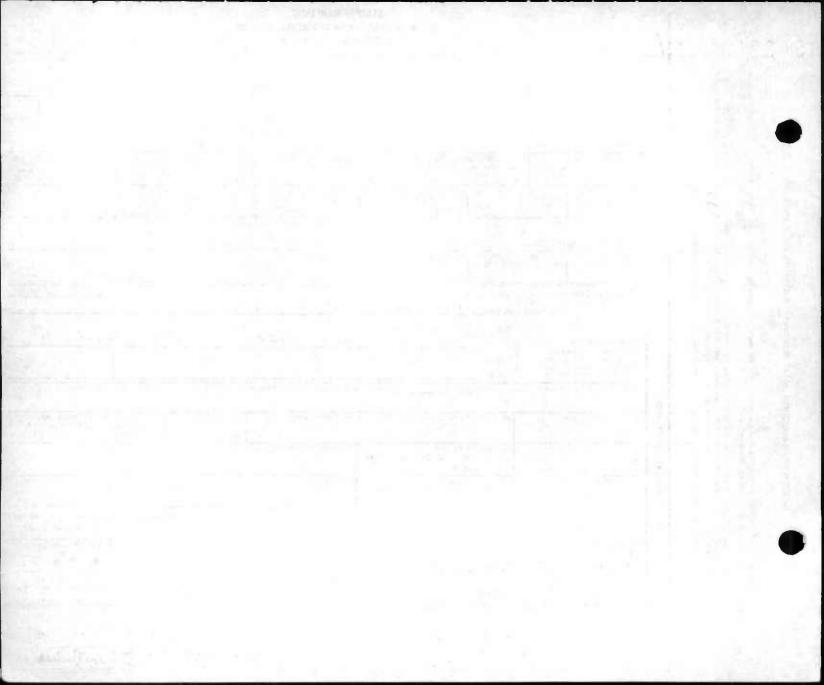
		FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE 7 REG. N	1 5	5	9 0	
		CEASED NAME FIRST		WIDDLE .		AST	20 DATE OF DEATH		YEAR	26 HOUR	
		CLARA		L.		ORBIN	May 5, 1987			М	
	3. SE)				S. DATE (H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2.				
	7n B1	female RTHPLACE (STATE OR FOREIGN	Whit	WHAT COUNTRY?	Feb	4, 1902	9 BALTIMORE CITY C	YRS	EDEATH		
COUNTRY		irginia	USA			D NEVER MARRIED			DEATH		
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		DR OTHER INSTITUTION	Worces	ION		F BUSINESS OR	
9	Po	comoke	Route	#1, Box	192		housewife		INDUSTRY		
	130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
2		ryland Word	ester	Pocomo	oe_	YES NO	Route #1	Box	192	21851	
7	14 FA	ATHÉR'S NAME FIRST	MIDDLE	LAST	10.00	15 MOTHER'S' MAIDEN NAM	WE		LAST		
4	Otho Sturgis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO			DITY NO	Blanche	ADDRI		illis	ton		
	11	LYES NO OR LINKNOWN) LIFYES GIVE WAR OR DATES!					ickerson	route	#2, Hill.	box 30	
		18 CAUSE OF DEATH :Enter o PART I DEATH WAS CAUS		CEPEBI	2_0	The Party of the	ACCIDEN	-		MATE INTERVAL	
		IMMEDIA	TE CAUSE (o)						11/1/	V/63	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last						c-V Dis	CASE	YE	ARS	
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Tio		
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
1	CAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 21		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OF TO	wn	COUNTY	STATE	
		270.1 certify that (I) (this hasp saw the deceased alm above (I) (we) (did) (did no			, 01	nd that in (ny (our) opinion o	, to	ote and hour or	nd from the c		
		270 PHYSICIAN'S NAME ITYPE	Jan	Sia		ATTENDING PHYSICIAN PAGE ADDRESS	MEDICAL STA	FF CIAN 🗌	5-8	SIGNED -87	
		Dr. J.G. Sa				100 Eighth	St. Poc	omoke	, Md.		
		JURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE	
1	Bu	rial	5/8/	87 Dog	vnino	y's Cemetery				Va.	
	70	NAME S MULS	P	ocomoke	City		REC'D BY REGISTRAN	lia Divid	Fr. Road	alle	

DHMH - 16 60M 7/84 (VRA 15, 4)

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			FOR			DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE		
54	3 8 4 MAY 25 1	7	STATE REGISTRAR					ICATE OF DEATH	8 7 REG. NO	5 5	9
	noy be		CEASED NAME OR PRINT!	Elsie		Mary		ray		8, 1987	EAR 26 HOUR
		3. SEX		1	RACE		S. DATE C		& AGE (IN YEARS LAST BIRTI		DAYS HOURS MIN
	ge 4		emale			ite		er 20, 1913	73	YRS	
•	nerol di n 72 ho	CC	RTHPLACE ISTATE OR FOR DUNTRY PLAWARE	REIGN 7	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORECITY OF Worcest	er County	r H
-	s ofter d		ryortown of DEAT cean City		(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET astal Hig	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATE TYPE OF WORK FOR MOST OF Homemaker		IND OF BUSINESS OR STRY
ND 2120	American State of the state of	13a S	TATE TYland	G HOME OR C	THER INSTITUTION		ADMISSION)	YES X NO -	13e STREET ADDRESS 5709 Coasta	1 Highway	2 1842
MARYLA	omoletely only 2 st		THER'S NAME Grover Clev	reland		LAST			stings Evan		TAST
IIMORE,	be execu	- 17	VAS DECEASED EVER IN es, no or unknown) NO		MED FORCES? WAR OR DATES)	212-72-1		June Ann Wat	5709 C son, Ocean	oastal Hig	ghway, yland
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ng physici bonpoper removol.		18 CAUSE OF DEATH PART I. DEATH WA	TEnter only AS CAUSED MMEDIATE		Reve	I	failum	2	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
RESTON	e deoth c e ottendir move cor notion, or troumotii		Conditions, if ony, gove rise to imme	ediote	(b)_	RAS A CONSEQUE	1-1	me hes	ut d	certain	1
301 W.	ires that the gned by the n please ren burial, crem		underlying couse	lost.	(101_	R AS A CONSEQUE		NOT RELATED TO THE TERM	ALIAL DISEASE OR COLUM	OTTONI CIVEN IN BA	DY No.
RDS,	The roll	NO	PART 2 OTHER SIGN	IFICANT CO	JADII KONS <u>CC</u>	DNIKIBUTING TO L	EAIN BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	ITION GIVEN IN PAI	KI 110
AL RECO	The law recion. e hos beer sit permit. ggiene prior	CERTIFICATION	19a. DATE OF OPERATE				OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FI IN CERTIFYING CAI YES	NO [
N OF VIT	G PHYSKIAN; The ottending physicion for this certificate h s the buriol-transit is and Mental Hygier ked or the 18 the		218. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	LEXAMINER	Ρ.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PAR	RT 2)
OIVISION	PHY end this he b	MEDICAL	WHILE NOT WHILE AT WORK	LE 🗍	21e. PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	'N COUNTY	Y STATE
	ATTENDING septiol or off ECTOR, After of for use as the first of Health of m 21 is marken		sow the decored obove, (I) (we) (di	d olive on_	1	19 4	7,0	nd that in (my) jour) opinion	death occurred on the do	ete and hour and from	m the couses stated
	HOSPITAL OR AT inned by the hosp FUNERAL DIRECT would be detached for the Store Dept. oORTANT: If hem 2		SIGNATURE E	201	Jun	12 -	w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR □ PHYSIC	F _ 3	DAJE SIGNED
	TO HOSPITAL OR ATTEN retorned by the hospital TO FUNERAL DIRECTOR. should be detached for u. w.ith the Stote Dept. of He w.ith the Stote Dept. of He WORTANT: If them 21 is		TA (O C	Cleey,	w		120 ADDRESS	ven 14	- Lal	2 1901
	75 F # % &	23a B	urial, CREMATIO PECIFY) urial	2 VAL	May 11			emetery or crematory lemorial Park	23d LOCATION CITY OF TOWN Berlin, Wo	rcester Co	o., Md.
	DHMH-16 60M 1/73 (VR A 15 (4))		INERAL DIRECT	des	le Ma	ADDRESS	1.0	750 DAT		25b. REGISTRAR'S SIC	GNATURE
	(VK A 13 (41)	M	elson Funer	ral 8	ervices	Ltd.,Fra	inktoi	rd, DE IMA	41 1901	ulia Divider	C. Continue



- STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME EIRST (TYPE OR PRINT) poge 3 Eva Hall AGE LIN YEARS LAST BIRTHDAYL 5. DATE OF BIRTH 3 SEX 4 RACE 12 YE AR MONTH Female White 04 83 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Crisfield, MD Worcester USA DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION CITY OR TOWN OF DEATH Berlin Nursing Home, Berlin, MD TYPE OF WORK FOR MOST OF WORKING LIFE! Berlin Housewife WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13 COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Somerset Crisfield YES [NO K Asbury Rd & FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Salacy Sterling George Cecilia Storlin J. CXXXCI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT RtADDRESS Box 43 IYES, NO OR UNKNOWN) Betty P. Bunting 217-28-4963 Berlin, Md. NO graputeiremin 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 70 ped a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NO tental Hygier Hem 18 show 210, ACCIDENT WAS UNDERLYING 216 TIME OF INILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from March 87 May PLINERAL DIRECTOR: A sow the deceased alive on May 12 above. (I) (we) (did) (did not view the body after death 87 and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated DEGREE 22b SIGNATURE

22c DATE SIGNED ATTENDING MEDICAL STAFF Lone PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NA 22e ADDRESS Rt. 3, Box 13, Berlin, MD Lilah Gonzalez 130 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Crisfield 5/15/87 Somerset Ma. Asbury Cemetery 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR - paridon. Kandallo 18 198 Bradshaw & Sons Crisfield. Md. 21817

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

76 HOUR

126 KIND OF BUSINESS OR

13

YRS

87

INDUSTRY

Ext.

Moore

21811

206 IF YES, WERE FINDINGS USED

87

YES T

IN CERTIFYING CAUSES OF DEATH?

APPROXIMATE INTERVAL

NO I

STATE

IF UNDER I YEAR

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

	LITERATOR			Naci - Id-a		
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· Jenney	h -151-1	VI VUITE	711.02	5/15/37	Julean,	
		7	In miel	Mairo and	as a seferment	

S	TATE	OF M	ARYL	AND		
CDADTMENT	OF HE	ALTH	AMD	MENT	41	9.1

5 DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7 0	
HOUR LA	17
UNDER 24 HRS	
OURS MIN	
	UNDER 24 HRS

3 SEX 4 RACE 70 BIRTHPLACE I STATE OR FOREIGN

136 COUNTY

IMMEDIATE CAUSE (a)

76. CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

WUNCES 101 126 KIND OF BUSINESS OR 120 USUAL OCCUPATION ORK FOR MOST OF WORKING UFE) INDUSTRY

TOWN OF DEATH

USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13d. INSIDE CITY LIMITS?

13e STREET ADDRESS / ZIP_COD

4 FATHER'S NAME

FOR

REGISTRAR DECEASED NAME TYPE OR PRINTS

- STATE

140

166 SOCIAL SECURITY NO.

J7 INFORMANT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

160 WAS DECEASED EVER IN U.S. ARMED FORCES LYES. NO OF HIM (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

Lanh

DUE TO, OR AS A CONSEQUENCE OF

underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

9 a	DATE	OF	OPERATION	

Conditions, if ony, which gave rise to immediate cause (a), stating

216 TIME OF INJURY

NO YES [] 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR 19 P.M.

21d INJURY OCCURRED NOT WHILE 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION CITY OR TOWN COUNTY STREET

22a I certify that (1) (this hospital) ottended the deceased fram saw the deceased alive an. obove, (1) (we) (did) (did nat) view the body after death

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE

that (1) (we) last

STATE

200 LEADE CONTRIBUTE

ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN 22c DATE SIGNED

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

H. Robins, M.D

Civic Avenue

23a	BURIAL,	CREMATION,	REMOVAL
	ESPEKTEVA		

226. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR

CERTIFICATION

STAFF

DHMH - 16 60M 7/84 (VRA 15, 4)

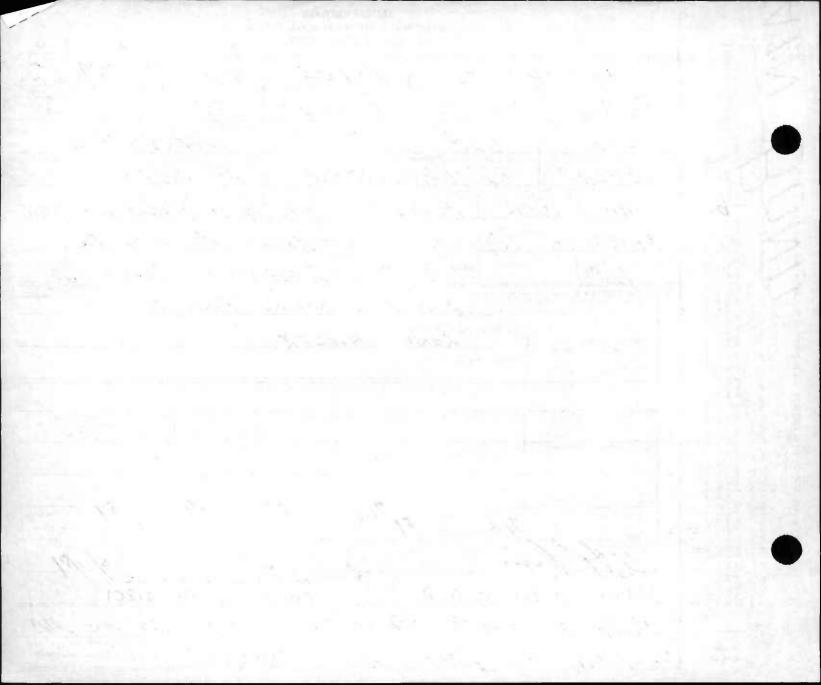
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old be deta

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PORTANT



EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXATOFENERAL UPLE OR; PAGE 3 SHOULD BE USED AS A BURIAL. FOR DEATH WITH 1HE STATE DEPARTMENT OF HEALTH AND ME BALL (WORE.

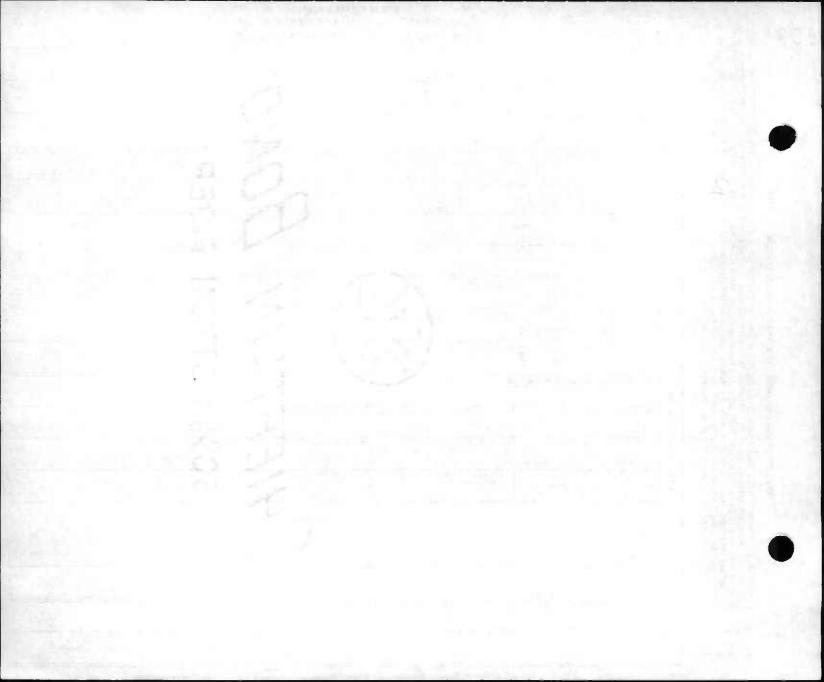
07/84

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR L DECEASED NAME 20. DATE KNOWN CTYPE OR PRINTS ESTI-King, Jr. 10/10 87 William DEATH MATED 5/ Jesse 1 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED Oct. 21, 1958 28 10/19 87 male white 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Delaware Worcester County WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK 1176 KIND OF BUSINESS OR INDUSTRY dishwasher 452 & Griffin Rd. Berlin restaurant HEUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 77 Lake Haven Trler, Park Berlin NOX Worcester Marvland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Le Donna William . King, Sr. Jones Jesse 17. INFORMANT 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 77 Lake Haven Trler Pk 215 72 3002 Edward W. Jarvis Berlin, Md. 21811 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Mechanical Compression of Chest gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 710 EXTERNAL CAUSE WAS TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR HOUR ANY MONTH DAY driver of auto ejected/car rolled on top of CONTRIBUTING CAUSE OF DEATH 8: 00P.M. 21e PLACE OF INJURY SATHOME 211 LOCATION 71d INJURY OCCURRED nim STREET, FACTORY, FARM, ETC.) 452 & Griffin Rd., Berline, WorcesterCo., WHILE NOT WHILE roadway Ma. 220 I certify that I took charge of the semiliar described obave, held an Autopsy Inspection Natural causes Suicide Hamicide TITLE (SPECIFY) 5/11/87 ASSISTANTMEDICAL EXAMINER EXAMINER'S NAME Penn St. Balto., Md. Dr. Dennis F. Smyth (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Sunset Memorial Pak Berlin Md. 05/13/87 Worcester Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 750 REGISTRAR'S SIGNATURE. 108 Williams St. Julia Davidson Kandalls Berlin, Md. 21811 W. Kirk Burbage



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H	
05	
00	-

the funeral director page 3 d within 72 hours after death

death certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	REG.	NO.		5	3	9	
ATE	OF F	NE ATM	MO	DITM	DAY	VEAD	24	110

1	FOR STATE	DEP		HEALTH AND MENTAL HYG	IENE	1 (4	1) 12
22	REGISTRAR		CERTII	FICATE OF DEATH	8 / REG. N	10. 5 3	7 3
	CEASED NAME FIRST	WIOOLE		LAST	20 DATE OF DEATH	MONTH DAY Y	Zb HOUR
	ARTH	UR L.	OUTTE	EN, SR.	May 7,	1987	м
3 SE	X	4 RACE		OF BIRTH	6 AGE IN YEARS LAST BE		YEAR IF UNDER 24 HRS
	male	white	Jan.	70 7000	54	YRS.	DATE MINE
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	JTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	тн
	ryland	USA	WIDOW		Worces	ter	MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		12a USUAL OCCUPAT		IND OF BUSINESS OR
P	ocomoke			mbertson Rd	_	or-Moore	LOTHE
USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION		13e STREET ADDRESS		
		cester Pocon			Roxute 3,		21851
_	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	2011 00	
	Rov	L. Outt		Ruby	Virgin	nia	Butler
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDF	RESS	
		t Guard 220-	-26-229	Arthur L.	Outten	Jr. Pocom	3, Box 58
	IS CAUSE OF DEATH (Enfer o			p michae b.	Odeceni		PPROXIMATE INTERVAL WEEN ONSET AND DEAMO
	PART 1 DEATH WAS CAUS	ED BY:	carcino	me of Dista	1 Esoph	65.15	L LeaC
	IMMEDIA			44 0. 1713.		7	7
	Conditions if you stick	DUE TO, OR AS A CON	SEQUENCE OF				
	Conditions, if any, which gove rise to immediate	(b)					
	couse (o), stating the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	C TO DEATH BU	T NOT BELATED TO THE TERM	INIAL DISEASE OF COL	ADITION CIVEN IN BU	DT 1
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BU	THOT RELATED TO THE TERM	INAL DISEASE OR COI	ADITIOIA GIVEIA IIA PA	KI III
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	HICH OPERATION	ON WAS PERFORMED	786 AUTOPSY? 786 IF YES, WERE FINDINGS USED		
문					YES T NOT	IN CERTIFYING CA	NO [7]
FR	71a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCUR			
	OR CONTRIBUTING CAUSE OF OR						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P M. 71e PLACE OF INJURY	19	21f LOCATION	•		
ME	WHILE O NOT WHILE O	(AT HOME STREET EACTORY, C	OFFICE FARM, ETC)	STREET	CITY OR I	OWN COUN	STATE
	220.1 certify that (1) (this hos	mal) attached the decorate	10 /O	1/3 10.86	5/-	10 8	Z shee sh form last
	sow the deceased alive o	1 4/29	0 7	and that in (my) (our) apinion	death occurred on the	date and hour and tro	m the couses stated
	above, (1) (we) (did n 27b. SIGNATURE	at) view the bady after death		DEGREE			DATE SIGNED
	The stollars of	2/2		ATTENDING .	MEDICAL STA	AFF _	leulan
-	27d PHYSICIAN'S NAME (TYPE	1		77. ADDRESS	DIRECTOR PHYS	ICIAN 🗌	117/87
	THE PHILICIAN S NAME (TYPE	OR PRINTY		ME ADDRESS		C C 1	
	Vanes	E. Martin	1, 14.0.	143 E.	carroll 3	78., Dal.	200, 2 WO.
23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
В	urial	5/9/87	First	Baptist Cem			
24 F	UNERAL DIRECTOR	AC	DRESS	25a. DAI		R 256 REGISTRAR'S SI	GNATURE
3	colls. Mel	Pocomok		Md.	71 4 U 190/	Sure ore	and Contract

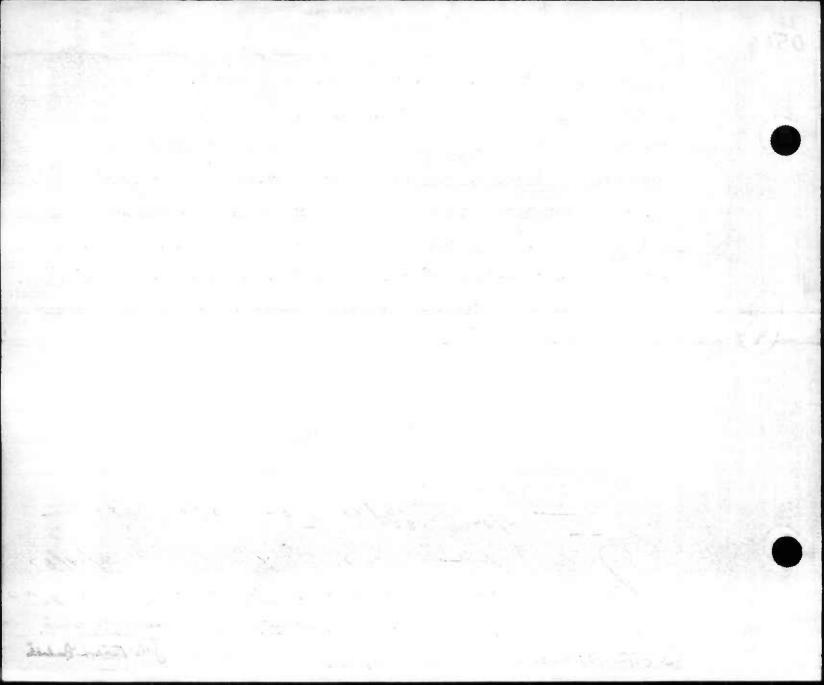
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician whould be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pagiding the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaind.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other troumatic event, the

(VRA 15, 4)

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STATE OF MARYLAND

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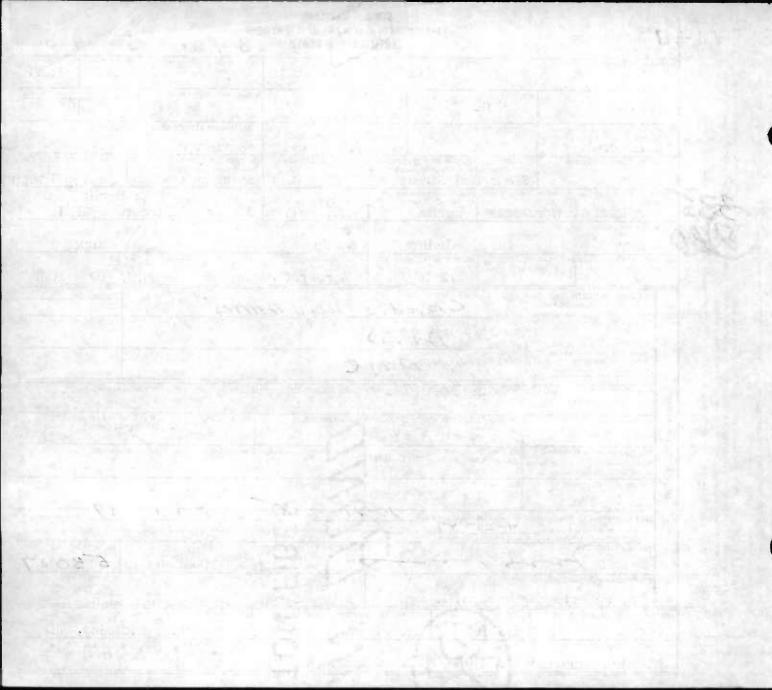
ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	7	REG. 1	NO.	5	3	9	
DOWELL DOWELL	20 DATE	OF D	DEATH	MONTH	DAY	YEAR	2b	HO

î	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	8 7 REG. I		5 5	9 6
	ECEASED NAME ANNA		MARIE	t	POWELL	May		1987	3:00P
3. S	female	4 RACE White		S. DATE O		6 AGE (IN YEARS LAST B	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Worcester			MD.
1	Berlin	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET AI Dad Stree	DDRESS)	DR OTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOST Seamstres	OF WORKING LIF	E) INDUSTRY	ng Facto
130			Is CITY OR TOWN Berlin		134. INSIDE CITY LIMITS?	13e STREET ADDRESS 317 Broad			, MD 8
1	Henry	WIDDIE	Collins		Annie	WIDDLE		Burl	
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	213 16		Margaret Pe		Sad St Berli	n, MD	21811
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	only one couse per ED BY: ATE CAUSE (0)	line far (o), (b), and		nesp 7	nnes		BETWEEN	IMATÉ INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								
CERTIFICATION	PART 2 OTHER SIGNIFICANT			1	IN WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	214 INJURY OCCURRED WMILE NOT WHILE AL WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	711 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	22a.1 certify that (1) (this has sow the deceased alive a	n 7-L:	e deceased from		nd that in (my) (our) opinion	death occurred on the	date and hou	19_d	that (I) (we) last couses stated
	226. SIGNATURE	~ ,			ATTENDING PHYSICIAN D	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	11 DATE	30.87
	Dr. Federico		M.D.		3 Bay Stree	et Berlin	, MD	21811	
	BURIAL, CREMATION, REMOVA SPECIFY Burial FUNERAL DIRECTOR	23b. DATE 5/30/			easant Cemete	23d LOCATION CITY OF TOWN POWELLV E REC'D. BY REGISTRA			
	W. Kirk Burbac	ge 108 W	illiams St	. В	erlin _{rsI} MD JU	N3 1987		condum K	A CALLED

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicies should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or them leaves any injury, or other troumotic event, the



DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	REG	. NO.	5	ວັ	9	1
	LAST	20 DATE	OF DEATH	H MONTH	DAY	YEAR		2b. HOUR
izabeth	Pruitt	N	Tay 6	, 198	7		а	
	5. DATE OF BIRTH	6 AGE (II	YEARS LAS	BIRTHDAY)	IF UN	DER I YE	AR	IF UNDER 2
	March Q 1013		7/1.		MONI	HS DA	45	HOURS

17	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	.1 5	5 9	7
	CEASED NAME	FIRST	A	MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
LITP		Sarah		Elizabeth	1	Pruitt	May 6,	1987		
3 SE	Х	4	RACE	TELLE	S. DATE C		& AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 I
	Female	200	Whit	е	March	9. 1913 YEAR	74	YRS M	ONTHS DAYS	HOURS
	RTHPLACE (STATE ORF	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	1
	irginia		US	Α	WIDOWE		Worces	ter		
	ITY OR TOWN OF DEA	TH 1			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION		F BUSINESS
Gi	rdletree		Rt.	1 - Box			Homemak		Own I	I Om o
USU.	AL RESIDENCE (IF NURS		THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		4) <u>T</u>	1 OWII 1	TOME
Ma	ryland	Worce		Girdlet		13d. INSIDE CITY LIMITS? YES NO 😿	Rt. 1 - Box	x 9D	/ 2182	29
3F	ATHER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	ī
	Joseph	H	. A	ndrews Si	r.	Sarah	Saddie		Short	
	VAS DECEASED EVER		ED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDRE	SS		
	No			214 68 5	5902	Milton J. Pr	ruitt, Salis	sbury,	Maryla	and
	Conditions, if ony, gove rise to imm couse (a), storin underlying couse	which nediote g the lost.	CAUSE (6) DUE TO, OF (b) DUE TO, OF	R AS A CONSEQUE	NCE OF	MOT RELATED TO THE TERM	mar	CI:ON	7	ente
NOL	PART 2 OTHER SIGN	T T	TYPE		>100		INAL DISEASE OR CON			
CERTIFICATION	190 DATE OF OPERAT	NOI	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
MEDICAL CEI	210. ACCIDENT WAS UND OR CONTRIBUTING CONCRIBUTING CONCRIBUTING CONCRIBED CO	CAUSE OF DEATH CALEXAMINER)	P./	M. MONTH DA M.	19	211. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI CITY OR TO		COUNTY	STATE
	220. I certify that (I) sow the decease above, (I) (we) (c 22b. SIGNATURE	ed ohyo	view the body Ba	147 19		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the do	FF	ond from the	
	MA	BA	- P4	AN		R+ 412	('DIST	FIFI	~ M.	0 21

231. NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

etoined by the hospital or attending physicio

injury, or other traumotic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) Norman F. Dennis

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

236. DATE

5/9/87

Snow Hill, Maryland

23d. LOCATION

Springhill Memory Gardens Hebron, Maryland

150 DATE REC'D BY REGISTRAR 150 REGISTRAR S-S-GONATURE

Hill, Maryland MAY 8 1887 Julia Dander Recommendation

STATE

start and when the same appeal he and oder FO - FELTER - - FALTER - -M.D. Serrain Study Street 17/87

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

E	9		
	1	REG.	NO.

1	June Day	mg.	3	8
REG. NO.	2	~	-	

1	1 87	REGISTRAR					CERTIF	ICATE OF DEAT	H	8 / REC	. NO.	3 3 7	U
		CEASED NAME OR PRINT)	JAN	IE IE		ARIE	RU	DDER		20 DATE OF DEAT	9	DAY YEAR	26 HOUR 6:00P
	3 SEX	emale		4	RACE White/	Cauc.	June			6. AGE TIN YEARS LAS	T BIRTHDAY)	MUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
5		NTHPLACE ISTA			USA	WHAT COUNTR	WIDOWE		ED 📗	9 BALTIMORE CIT		TY OF DEATH	MI
2	В	erlin			6010 O	cean Pi	nes/ Be	erlin, MD	NC	12a USUAL OCCU (TYPE OF WORK FOR MI Housewit	OST OF WORKING	LIFE) INDUSTRY	F BUSINESS OR
>	130 N	TATE Laryland		Vorce	Υ	Berlin	NWC	13d. INSIDE CITY LIA YES NO	X		ss / zip co	nes/Berli	n, MD
1		nthony		A/I	DDLE	Sacav		Ann FIRST	DEN NAM	Evely	n	Mora	
	{Y	/AS DECEASED I ES, NO OR UNKNOW NO			ED FORCES? WAR OR DATES)	579 20	6 8284	Martin R	udde	0010	Ocean Mar	Pines	21811
	N	Conditions, if gove rise to couse [o], underlying	immed stating couse	the lost	DUE 10, OF	R AS A CONSEC	DUENCE OF	NOT RELATED TO TH		AUAS	ONDITION	GIVEN IN PART TIE	
7	CERTIFICATION	190 DATE OF O	PERATIO	N	196 CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CER	YES, WERE FINDIN TIFYING CAUSES YES	
7	MEDICAL CER	210. ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF 21d INJURY OC	CURRED	SE OF DEATH	P./	M. MONTH	19	216 HOW INJURY	OCCURRE		INJURY IN ITEM I	8 PART I OR PART ?]	STATE
		22a.l certify th	oceaned i	ns hospita	l) offended the	-10	, on	d that in (my) (our)				our and from the	couses stated
1		Dr. J	SOCIETIES.	s E.	Martin	MD		220 ADDRESS	Cian	MEDICAL POIRECTOR PH		<i>5/,</i>	21801
		URIAL, CREMAT			236 DATE 5/13/8	2.		emetery or crem. Memorial	ATORY	23d LOCATION CITY OR TOW	N	COUNTY	STATE

BP.

TO FUNERAL DIRECTOR: After this certificate has been

should be detached for use with the State Dept. of Heal MPORTANT: If Item 21 is

DHMH - 16 50M 4/83 (VRA 15, 4)

W. Kirk Burbage Berlin, Maryland

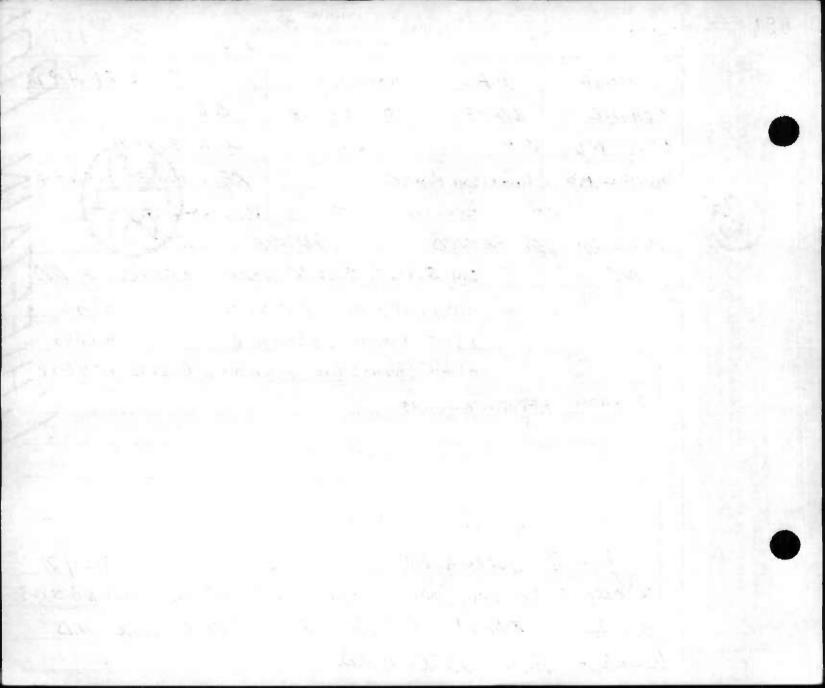
5/13/87 Sunset Memorial Park Berlin Worcester Maryland

108 Williams Street
Berlin Maryland 21811 MAY 1 3 1987 Julia Director Registrar's signature

S	TA	TE	OF	MA	RYL	AND	

1	1	5	5	9	-
F	REG. NO.			3	

				STATE OF MARYLAN	D	
35 1	1-	FOR	DEP	ARTMENT OF HEALTH AND ME	(1)	15599
		REGISTRAR		CERTIFICATE OF DEA	ATH & REG. NO.	1 2 2 7 1
1		CEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
	(ANNA	MAE	SHOCKLEY	5	22 87 410 7
	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE TINYEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HE
	1	EMALE	WHITE	9 23	18 68	YRS MONTHS DAYS HOURS MI
21	a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MAI	9 BALTIMORE CITY OR	COUNTY OF DEATH
25	0	S. MD	USA	WIDOWED DIVO		STER
No	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITU	UTION 120 USUAL OCCUPATION	126 KIND OF BUSINESS CORKING LIFE INDUSTRY
70	SI	10WHILL, MD	111	OUSE	BEG. N.	URSE HEALTH
		AL RESIDENCE (IF NURSING HOME TATE 136 CC	E OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) TOWN 134. INSIDE CITY	LIMITS? 13e STREET ADDRESS / Z	IP CODE DE
KI	1		JO BERL	IN YES ON	OD Buckmatta	~ ~ //////
3/1	1 EA	THER'S NAME	MIDDLE _ LAS	15 MOTHER'S M		(AS1
是非	1	WILLIAM	IN SEWARD	FA	NNIE GRE	EN
		AS DECEASED EVER IN U.S.	CONT. LIVE OR D. LASS.	SECURITY NO. 17 INFORMANT	ADDRESS	As .
De de		ES NO ORUNIO WN) (IF YES.	214-2	8-8725 3.00.	THOMPSON C.	WARRUNGE, IIL
# F		IB CAUSE OF DEATH (Enter	ronly one couse per line for (0), ()	o), and ici		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		PART I. DEATH WAS CAL		CARDIAL	PAILURE	2 1+PS
			DUE TO, OR AS A CONS	EQUENCE OF		
		Conditions, if ony, which	(1b) L L-Y-	T LOBAR PM	Erm un H	4 01845
other tr	٥,	gove rise to immediate couse (a), stating the	DUE TO, OR AS ALONS	EQUENCE OF	A	100/1700
		underlying couse lost	(c) CH ROWI	L OBSTRUZTIVE	PL MOMORY DIS	EDSK 101 FARS
ıry, or	7	PART 2 OTHER SIGNIFICAN			THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
	CERTIFICATION	BILBTERAL	NEPHRICALCII			
	FICA	198 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORM	NED 200 AUTOPSY? 2	Ob IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
sho,	RTI	ACCIDENT WAS INDEDIVING	TIME OF INJURY	121. HOW BIRD	YES NO	YES NO
7 4		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IN	NITEM IS PART (OR PART 2)
or He	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMI		19		
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, O	FFICE, FARM, ETC 211. LOCATION STREET	CITY OF TOWN	COUNTY STATE
DOTK		AT WORK AT WORK		0111100	1/2-1	on
		22a I certify that (I) (this has saw the deceased alive	ospital) attended the deceased for		19, to	19, thol (I) (we)
m 2		obove, (1) (wa) (did) (did	not) view the body ofter death.		- opinion death accurred on the date	
		226 SIGNATURE	/ahou	MO DEGREE	ENDING MEDICAL STAFF	221 DATE SIGNED
		1 auri	7	rni	YSICIAN X DIRECTOR PHYSICIA	NO 125/8/
WPOKIAN.		22d. PHYSICIAN'S NAME (TY	the second of th	22e ADDRESS	a. AM CX C	11 / 12 1 AND 216
1		NOW!		NP. 154 1		INHILL AND 218
1	23e B	URIAL, CREMATION, REMOV	AL 23b DATE	234 NAME OF CEMETERY OF CRE	MATORY 2H LOCATION	STATE
	14 E	INERAL DIRECTOR	B4001	ST PHUL	DILIN,	WOK IIID
/B4	24 FL	I INAME PI	~ 11 Ag	ESPI III MA	250. DATE REC D. BY REGISTRAR 258	1 0 ~ 0 . 0 .
	_(ILLKILIA	1-1/d, 13/2	K4/N/1110,	I MAY 2.8 1987 L	Julia Davidson Randale



Page 4 may be

in 72 hours afte

TO STATE DEPARTMENT OF HE REGISTRAR CERTIFIC

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

/ REG. NO.	1 5	5	0	0

1	I. DEC	OR PRINTS	FIRST	1000	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TTPE	OR PRINT)	Will	iam	T.	Sul!	livan	Ma	y 4	1987	4:30 Am
1	3. SE)	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	
-		Male	192	Whi:	te	Marc	h 28 1914 FAR	73	YRS.	MONTHS DAYS	HOURS MIN.
ĝ	7a. BII	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	0	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
		ew York		USA		WIDOWE		Worceste	r		MD.
	10 CI	TY OR TOWN OF DE	ATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		F BUSINESS OR
		cean City		136 Pi	ne Tree A	venue		Supervise			Servant
	13a S	AL RESIDENCE (IF NUR	13b COUN	OTHER INSTITUTION. ITY	13c. CITY OR TOWN	N I	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	S	11	841
1	Ma	aryland	Worce	ester	Ocean C	ity	YES X NO	136 Pine		venue	
2	I4 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME MIDDLE		LAS	
Ų	1	Palmer	Maria 1		Sulli	van	Agnes	MIDDLE			lly
		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS		
	(1)	Yes	WW11	WAR OR DATES)	058-07-3	228	Palma M. Sul	livan, Oce	an Cit	y, Mary	land
		18 CAUSE OF DEAT	H (Enter on	y one cause per	line for (9/3b), one	f (c).)	1 11			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH W		E CAUSE (6)	Carde	in	archythrain				
				DUE TO, O	R AS A CONSEQUE	NCE OF	0 +	0 .			
		Conditions, if ony gove rise to imi		(b)		Coro	aren aren	deren			
ì		cause (a), statir underlying cause	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	0			1000	
				(lc)							
	Z.	PART 2. OTHER SIGI	NIFICANTO	ONDITIONS <u>Co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CC	NDITION G	IVEN IN PART 10	31
	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
	TIFIC							YES NO		IFYING CAUSES 'ES 🔲	OF DEATH?
1		21a. ACCIDENT WAS UNI		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART (OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDI				19					
1	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	ARM ETC.)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	~	AT WORK NOT WE	RK							1500	
1		22a I certify that (1)						, to		. 19	that (I) (we) last
		ntove (i) (Sp) (ed alive on,	I view the body	after death	, on	d that in (my) (our) opinion	death occurred on the	date and ha	our and from the	causes stated
1		278 SIGNATURE			1	[DEGREE			22c. DATE	SIGNED
١		1	uni 1	u Cu		h	PHYSICIAN E	DIRECTOR PHYS	AFF	3-3	2-87
-		22d. PHYS LIAN	AME (TIPE OF	PRINT)			22e. ADDRESS	2 0	ALTER OF		
		NEV,	ins h	1. 100	p In.		Mes G	R. OAL	18312	2 17	9
		URIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		A Buri	al	May 7,	1987 Ma:	rylan	d Veterans	Hurlock		estër	MD
	11/	THE PURE TOR	106	1	500	.10	2 250. DAT	TE REC'D. BY REGISTRA	R 25b REGIS	TRAR'S SIGNAT	URE
1	L	party W	MA	100	delly	wille	, Del. MA	Y 8 198/	Julia	Davidson-K	andall

DHMH-16 30M 2/80 (VRA 15, 4)

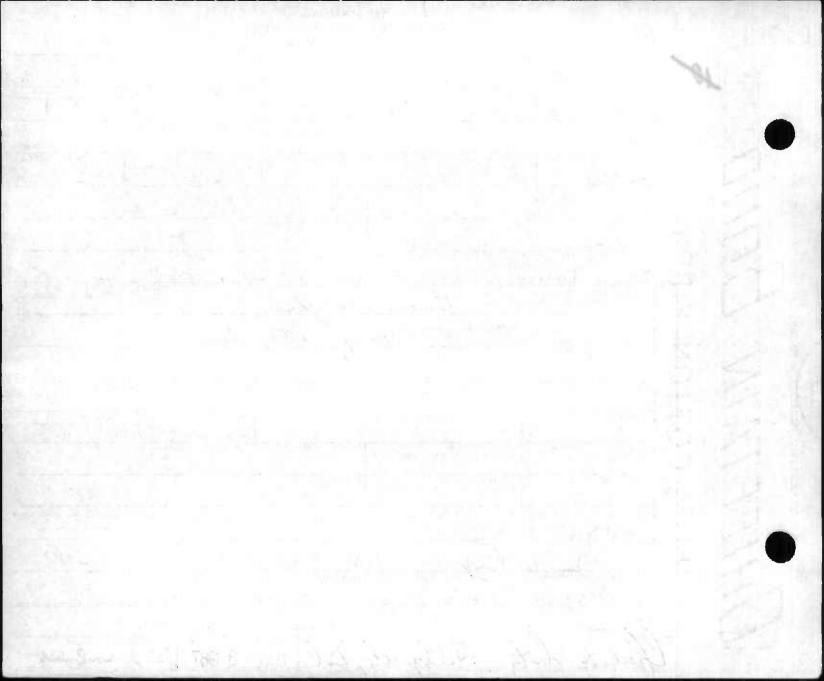
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retained by the haspital or attending physician.

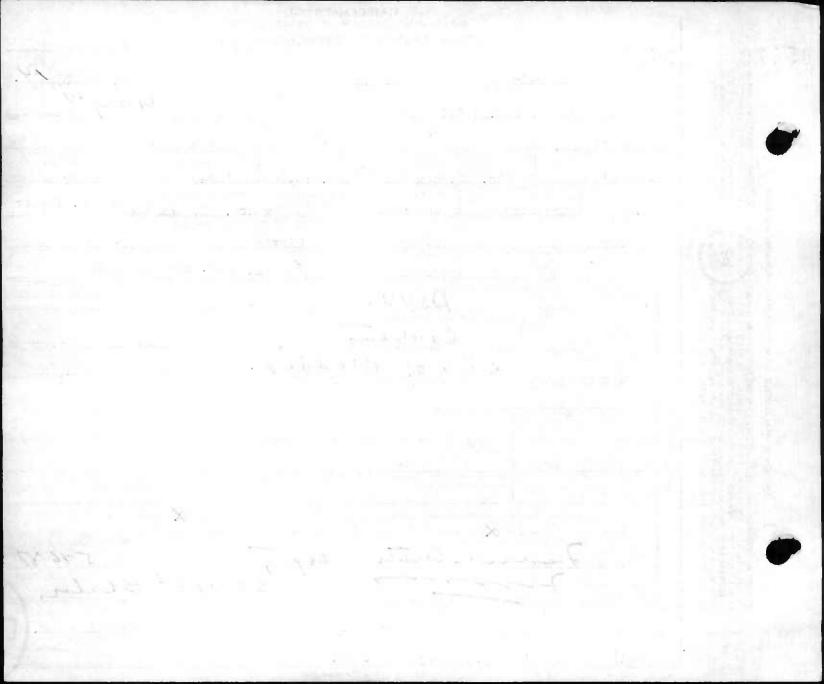
TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is morked ar them 18 shaws ony injury, or ather troumotic event, the



20M 4/82



Rase

STATE OF MARYLAND

8 REG. NO.	1	5	0	0	
MEG. NO.	-				_

FOR - STATE			HEALTH AND MENTAL HY IFICATE OF DEATH	Q /	1 5 0	0 2
REGISTRAR	JIM 1		(AST	REG. NO.	, 5 0	J 649
DECEASED NAME FIR	T MIE	DDIE	(ASI	20 DATE OF DEATH MO	INTH DAY YEAR	26 HOUR
Rs	60.	Tav		May 14.	1987	3:55PA
SEX	4 RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	HOURS MIN
M	BIL		arch 12 1912	75	YRS	
BIRTHPLACE (STATE OR FOREIG		HAT COUNTRY? 8	IED XNEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH	
	IISA	WIDOV				M
CHY OF DEATH	11. NAME OF HO		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND O	F BUSINESS O
D 1:		ACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF W		orer
		Box 365 VE RESIDENCE BEFORE ADMISSION	V)	IRetired	04.044	JI.ET.
a STATE 13b	COUNTY	3 CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z		
FATHER'S NAME	rcester	Berlin	YES NO	Rte.#3 Box	356	
FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST	
Charles		aylor	Mary		known	
DECEASED EVER IN U	S. ARMED FORCES? II	66 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS		
	VWII :	212-12-7648	Laura E. I	avlor Add.	same as abo	ove
IS CAUSE OF DEATH IE	ter only one couse per lir	ne for (o) (b) and (c)			APPROXI	MATE INTERVAL
Conditions, if any, whi gave rise to immedic cause (a), stating t underlying cause la	th (b)	AS A CONSEQUENCE OF	lungg	Diffuse	īns r	
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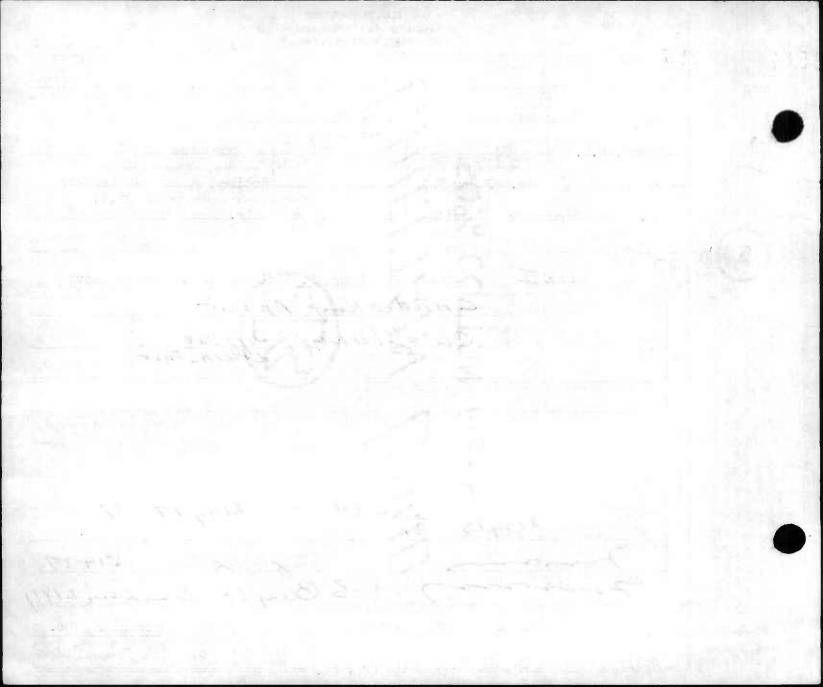
DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this centricole has been signed by the attentional be detached for use or the bund-frame) permit. Then please remove a with the State Dept. at Health and Membil Hygiene prior to buriol, cremation.

MPORTANT: If Nem 21 is morked or them 14

HIDING PHYSICIAN, The

TO HOSPITAL OF



neral director, page 3 ners burs after death

STATE OF MADVIAND

STATE OF MARKIERIUS
DEPARTMENT OF HEALTH AND MENTAL HYGIENI
CERTIFICATE OF DEATH

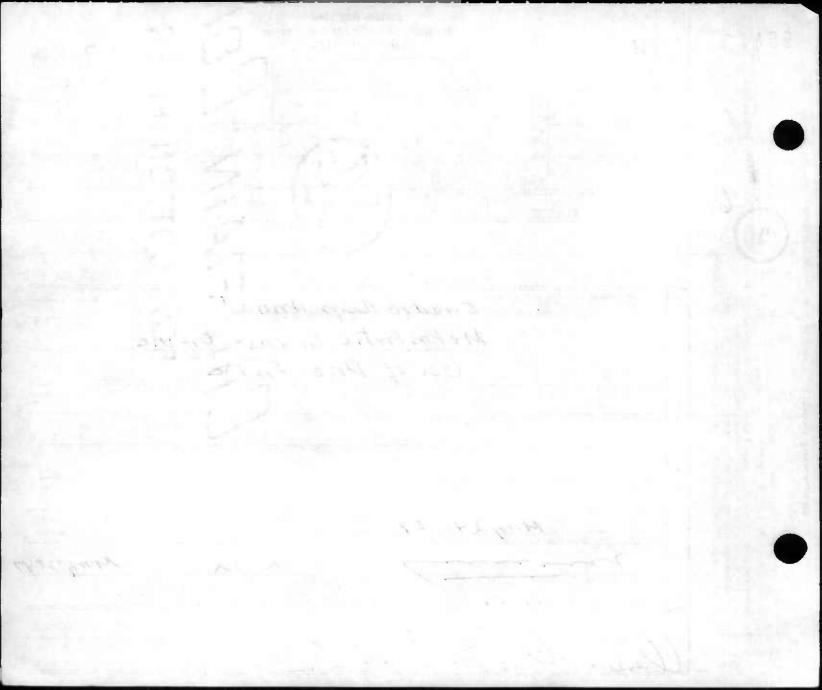
	CEASED NAME FIRST	MIDDIE	- 17	AST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
(LAbi	E OR PRINT) WILLIAM	GEORGE	mor.	ידיויזנ	THE PARTY OF	E	24 87	10:00
3 SE		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YE	
			MONTH		~0	12	MONTHS DAT	5 HOURS M
Zo B	MALE IRTHPLACE (STATE OR FOREIGN	WHITE 76 CITIZEN OF WHAT COUNTR	5	15 09	78	YRS	V OF DEATH	
	COUNTRY)		MARRIE	D X NEVER MARRIED			OFDEATH	
10 C	DE ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURS	WIDOWE		WORCEST		Tion winter	OF BUSINESS
BH	ERLIN	BERLIN NURSING	HOME,		(TYPE OF WORK FOR MOST OF		FE) INDUSTR	
	STATE MD WORCE	13¢ CITY OR TO	NWC	13d INSIDE CITY LIMITS? YES X NO	RT. 1, BOX			1813
5		MIDDLE LAST ORGE TRUIT	γp	15 MOTHER'S MAIDEN NA FIRST GERTRUDE		1		lacs
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRE	SS	100	
- ((YES, NO OR UNKNOWN) (IF YES GIV	214-32-	0816	Ida Moore Tr	uitt. Bisho	pvil	le. MA	ryland
	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate	DUE TO, OR AN CONSE	min		PASE Dy	US		ÖXMÄTE INTERVAI N ONSET AND DEA
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DBY: CAUSE (a) CAR	DUENCE OF	Prost	nest PAS + by Tate MINAL DISEASE OR CONC		د.	
ATION	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A COLOR	QUENCE OF	Prost	nte by	DITION GIV	د.	lia .
TIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONTRIBUTING TO	QUENCE OF	Prost	PAS & DY DTC MINAL DISEASE OR COND	20b. IF YE	VEN IN PART S, WERE FING FYING CAUS	lia .
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSECUTION FOR WHICE CONDITIONS CONTRIBUTING TO CONDITION FOR WHICE C	QUENCE OF ODEATH BUT	Prost	MINAL DISEASE OR CONC 200 AUTOPSY? YES NO	20b. IF YE IN CERTII	VEN IN PART S, WERE FING FYING CAUS	DINGS USED ES OF DEATH? NO
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250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE MAY 27 1087 Julia Deviden Rom

Julia Divideon Rand

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burnal-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



Amentur proge 3

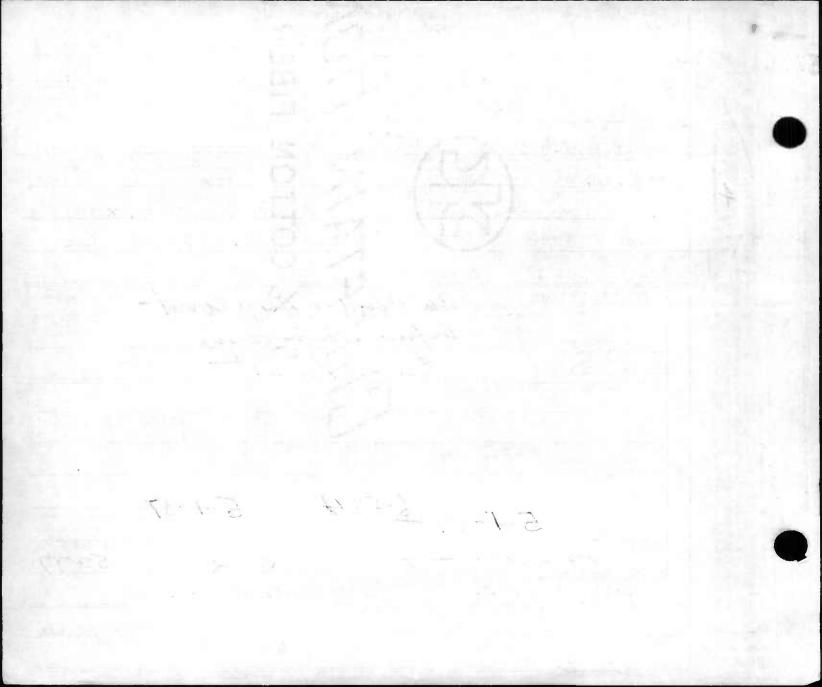
STATE OF MARYLAND

3 SE	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY		
3 SE	MARGARET	_				TO DATE OF DEATH	MONTH DAT	YEAR	26 HOUR
3. SE:		L	L. WALK		ER	May	2	1987	3:10 E
	х	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
	Female	White		7 MONTH	3 1888	98	YRS	DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	Powellville, Mo			WIDOWE	ED DIVORCED	Worcester			M
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		26. KIND O	F BUSINESS OF
	Berlin, Md.		n Nursing		<u> </u>	Nurse			
13a. S	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION DUNTY	130 CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
		rcester	Berlin	1	YES NO	Old Ocean	City Rd.	2181	1
Y IA FA	THER'S NAME James	Handy	Laws		15 MOTHER'S MAIDEN NA Leah	MIDDLE	Jarman	LASI	aws
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDR	RESS D+ #		ox 13
/ "	YES WOOR UNKNOWN) I IF YES	GIVE WAR OR DATES)	201-22-0	0650	Berlin Nurs	sing Home	Berli		
CERTIFICATION	PART 2 OTHER SIGNIFICATION				NOT RELATED TO THE TERM	VINAL DISEASE OR COM	20b. IF YES, WE	RE FINDIN	IGS USED
] <u>E</u>						YES NO	YES [NO 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJI	URY IN ITEM 18 PART I	OR PART 2)	
WEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION	CITY OF T	OWN	COUNTY	STATE
×	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, FA	ARM, ETC)	-V71	·	~		JI NIL
	22a.l certify that (l) (this his saw the deceased alive abave, (l) (we) (did) (did			5/	nd that in (my) (aur) apinian	, ta death accurred on the c	date and have and		that (I) (we) los causes stated
	276 SIGNATURE			7	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN []	220 DATE	SIGNED 7
7	721 PHYSICIAN'S NAME (TO A		D.		3 Bay Street			1	/
/	BURIAL, CREMATION, REMOV	AL 236 DATE	T22. N	JAME OF C	EMETERY OR CREMATORY	123d LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar attending physician.

BP.



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or tem 18 shows any injury, or ather traumatic event, the medical example mark be notified at once. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

		STA	ALE O	FM	ARYI	AND			
EP	ARTMEN	IT OI	HEA	LTH	AND	MENT	AL	HYGI	ENE
	(ERT	IFIC	ATE	OF	DEAT	H		
_				_	_		_	-	

8	REG. N	١٥.	1	5	6	í
OF DE	ATH	MONTH	DAY	YEAR	- 2b	HO

- STATE REGISTRAR		CERTIFICATE OF DEATH	B REG. NO.	15605
1 DECEASED NAME FIRST	WIDDLE	TZAS	20. DATE OF DEATH MO	NIH DAY YEAR 26 HOUR
Sara	ih J.	Yost	5	4 87 7:50 PM
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
Female	White	3 14 03	25 84	YRS WATS TOOKS MIN.
70 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	
PA	USA	WIDOWED DIVORCED	Worcester	MM
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
Berlin	(IF NOT IN SUCH FACILITY, GIVE STREET Berlin Nursing H		(TYPE OF WORK FOR MOST OF WO	DRKING LIFE! INDUSTRY
USUAL RESIDENCE (# MURSING HOME OF 130, STATE 130, COUI WO	R OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c, CITY OR TOV Prcester Berlin	E ADMISSION) VN \$13d INSIDE CITY LIMITS	6533 Ocean P	
Henry	William Hel	ler Susan	MILLER	2
160 WAS DECEASED EVER IN U.S. AR 19ES NO OR UNKNOWN) (1F YES GIT NO	RMED FORCES? 166 SOCIAL SECTION (NE WAR OR DATES) 207–22–2	1/1/5/	SEY- B	ERLIN, MD.
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 20	ON GIVEN IN PART 1 0 IN IF YES, WERE FINDINGS USED N CERTIFY ING CAUSES OF DEATH? YES NO NO
On CONTRACT CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	TOKKED (ENIER NYTORE OF INJURY IN	HEM (6 PART) ON PART 2)
(IF ETHER NOTIFY MEDICAL EXAMINE WHILE NOT WHILE AT WORK AT WORK	P.M. 218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive ar above, (1) (we) (did) (did no	ot) view the body after death.		ion death accurred on the date	, 19 that (I) (we) lost and hour and from the causes stated
226 SIGNATURE	niam	DEGREE ATTENDING	G MEDICAL STAFF	22c. DATE SIGNED
22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	- Manuel Mingel Min	
Federico Art	hes, M.D.	3 Bay Stre	et, Berlin, MD	21811
230 BURIAL, CREMATION, REMOVAL ISPECTS 1 PLACE 24 FUNERAL DIRECTOR		NAME OF CEMETERY OR CALLADON MIDDLETOWN 1250.	MAPOLETON	COUNTY AUTHOR STATES REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

etained by the haspital or attending physician.

TO HOSPITAL

BP.

(VRA 15, 4)

ERAL DIRECTOR

NARICH F.H. BERLIN, MD.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
MAY 07 1987 Line Deciden Rendons

